



UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

UNITED STATES OF AMERICA

Case No. 1:10-CR-00279-GBL
(write the number of your criminal case)

v.

**MOTION FOR SENTENCE
REDUCTION UNDER
18 U.S.C. § 3582(c)(1)(A)
(Compassionate Release)
(Pro Se Prisoner)**

EUGENE ANTHONY THOMAS

Write your full name here.

NOTICE

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Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☒ Yes

☐ No

If you answered yes, please list the documents in section IV of this form.

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I. SENTENCE INFORMATION

Date of sentencing: DECEMBER 3, 2010
Term of imprisonment imposed: 35 YEARS 420 MONTHS
Approximate time served to date: 10 YEARS
Projected release date: SEPTEMBER 9, 2025
Length of Term of Supervised Release: 5 YEARS

Have you filed an appeal in your case?

☒ Yes

☐ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes

☒ No

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES¹

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

¹ The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

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Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

☒ Yes, I submitted a request for compassionate release to the warden on MAY 18, 2020

☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

Was your request denied by the Warden?

☒ Yes, my request was denied by the warden on (date): JUNE 29, 2020.

☐ No. I did not receive a response yet.

III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you 70 years old or older?

☐ Yes.

☒ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

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Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

☒ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community? N/A

☐ Yes.

☐ No.

B. Do you believe there are other extraordinary and compelling reasons for your release?

☒ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

☐ I have been diagnosed with a terminal illness.

☐ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☐ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☒ There are other extraordinary and compelling reasons for my release.

STAMP

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Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

I am writing this request ^{because} as you (the court) are aware, the current text of 18 USC 3582(c)(1)(A) ⁽¹⁾ allows me to ask for a sentence reduction based on extraordinary and compelling reasons that need not involve only medical, elderly, or family circumstances. I was sentenced to 35 years * 1 count discharge of a firearm * 1 count ^{10 years} (stacked) ^{25 years} brandishing a firearm in Dec. 2010. If I were sentenced TODAY, I would not have received the same sentence, (Due to "Stacking" being eliminated in the First Step Act). Please consider my age at sentencing (24). My limited Criminal History. No History of Violence (No Felony's), First Offender, Extensive Programming/Courses IV. ATTACHMENTS AND REQUEST TO SEAL Taken while incarcerated. (No Discipline Model Inmate, No Drug &/or alcohol abuse.

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to seal?
Proposed Release Plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Additional medical information	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warden Denial Letter	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Request for Release	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basis for Request	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me.

☒ Yes

☐ No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

Nov. 6 2020
Date

Eugene A. Thomas
Signature

EUGENE THOMAS
Name

76010-083
Bureau of Prisons Register #

FCI McDOWELL - MCD McDOWELL FCI
Bureau of Prisons Facility

FEDERAL CORRECTIONAL INSTITUTION - FCI McDOWELL P.O. Box 1009
Institution's Address
WELCH, WY 24801

RIS Request: 024771

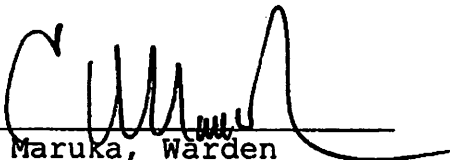
Thomas, Eugene Reg. No. 76010-083

You requested a reduction in sentence (RIS) and/or a compassionate release based on concerns about being over sentenced through a mandatory minimum of 35 years. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. 3582(c)(1)(A) and 4205(g), provides guidance of the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

A review of your concerns reveal a reduction in sentence and/or compassionate release is not an appropriate avenue for a resolution to your issue. Your concerns involving over sentencing does not currently warrant an early release from your sentence through this program. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.


C. Maruka, Warden

6/29/2020
Date

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

UNITED STATES OF AMERICA

v.

Case No. 1:10-CR-00279-GBL
(write the number of your criminal
case)

EUGENE ANTHONY THOMAS
Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes

☐ No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

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PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

1411 ADMIRAL DRIVE WOODBRIDGE VA 22192

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

LATAUNIA ANDERSON 703 626 8087

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

LATAUNIA ANDERSON, 49, FIANCE / XA [REDACTED] A [REDACTED], 15, SON
RA, 9, SON OF LATAUNIA ANDERSON

If you have employment secured, provide the name and address of your employer and describe your job duties:

List any additional housing or employment resources available to you:

PROJECT EMPOWERMENT
OFFENDER AID and RESTORATION

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
CRIMINAL DIVISION

UNITED STATES OF AMERICA

Plaintiff(s),

v.

1:10-CR-00279-GBL

Civil Action Number: _____

EUGENE ANTHONY THOMAS

Defendant(s).

LOCAL RULE 83.1(M) CERTIFICATION

I declare under penalty of perjury that:

No attorney has prepared, or assisted in the preparation of

3582 MOTION ^{Release/}
^(Title of Document)
Compassionate
Sentence Reduction
Extraordinary + Compelling
Reasons

EUGENE THOMAS
Name of *Pro Se* Party (Print or Type)

Eugene Thomas
Signature of *Pro Se* Party

Executed on: NOV 13 2020 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of _____
(Title of Document)

(Name of Attorney)

(Address of Attorney)

(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document

(Name of *Pro Se* Party (Print or Type)

Signature of *Pro Se* Party

Executed on: _____ (Date)